

SERFF Tracking Number: MUTM-126767957 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46494
Company Tracking Number: NEIL SANDHOEFNER
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: AR UMS Rate Adjustment Filing 10-2010-RP39.9.B-AR 10-10
Project Name/Number: AR UMS Rate Adjustment Filing 10-2010/RP39.9.B-AR 10-10

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: AR UMS Rate Adjustment Filing SERFF Tr Num: MUTM-126767957 State: Arkansas
10-2010-RP39.9.B-AR 10-10

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Approved- State Tr Num: 46494
Closed

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: NEIL SANDHOEFNER State Status: Approved-Closed
Other 2010

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Shelly Kaipust, Jan
Serafini, Ellen Cochrane, Kristin
Miller, Neil Sandhoefner

Disposition Date: 08/30/2010

Date Submitted: 08/13/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AR UMS Rate Adjustment Filing 10-2010

Project Number: RP39.9.B-AR 10-10

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/30/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/30/2010

Created By: Kristin Miller

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kristin Miller

Filing Description:

RE: United of Omaha Life Insurance Company

NAIC # 261-69868 FEIN 47-0322111

Individual Medicare Supplement Insurance

Outline of Coverage Rate Pages RP39.9.B-AR 10-10 and RP39.25.B-AR 10-10

<i>SERFF Tracking Number:</i>	<i>MUTM-126767957</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46494</i>
<i>Company Tracking Number:</i>	<i>NEIL SANDHOEFNER</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>AR UMS Rate Adjustment Filing 10-2010-RP39.9.B-AR 10-10</i>		
<i>Project Name/Number:</i>	<i>AR UMS Rate Adjustment Filing 10-2010/RP39.9.B-AR 10-10</i>		

Enclosed for your review and approval are copies of the above-captioned Medicare supplement outline of coverage rate page modules. These modules are being filed in order to comply with a change in the rates contained in the previously approved outline.

Rate Page RP39.9.B-AR 10-10 is identical to previously approved rate page RP39.9.B-AR, approved by your Department on January 27, 2010, except that it contains the rates approved by your Department on August 10, 2010. It will be used for all of our Medicare supplement plans sold through our agency and brokerage outlets.

Rate Page RP39.25.B-AR 10-10 is identical to previously approved rate page RP39.25.B-AR, approved by your Department on January 27, 2010, except that it contains the rates approved by your Department on August 10, 2010. It will be used for all of our Medicare supplement plans sold through direct response solicitation.

Your review and approval of this submission will be most appreciated. If you have any questions, please do not hesitate to contact me.

Sincerely,

Neil Sandhoefner
Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-6969
Fax: 402-351-5298
E-mail: Neil.Sandhoefner@mutualofomaha.com

Company and Contact

Filing Contact Information

Neil Sandhoefner, Product & Advertising Compliance Analyst	neil.sandhoefner@mutualofomaha.com
Mutual of Omaha	402-351-6969 [Phone]
Mutual of Omaha Plaza	402-351-5298 [FAX]
Omaha, NE 68175	

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:

SERFF Tracking Number: MUTM-126767957 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46494
Company Tracking Number: NEIL SANDHOEFNER
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: AR UMS Rate Adjustment Filing 10-2010-RP39.9.B-AR 10-10
Project Name/Number: AR UMS Rate Adjustment Filing 10-2010/RP39.9.B-AR 10-10
(402) 351-6420 ext. [Phone] FEIN Number: 47-0322111

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$100.00	08/13/2010	38761340

SERFF Tracking Number: *MUTM-126767957* *State:* *Arkansas*
Filing Company: *United of Omaha Life Insurance Company* *State Tracking Number:* *46494*
Company Tracking Number: *NEIL SANDHOEFNER*
TOI: *MS09 Medicare Supplement - Other 2010* *Sub-TOI:* *MS09.000 Medicare Supplement Other 2010*
Product Name: *AR UMS Rate Adjustment Filing 10-2010-RP39.9.B-AR 10-10*
Project Name/Number: *AR UMS Rate Adjustment Filing 10-2010/RP39.9.B-AR 10-10*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	08/30/2010	08/30/2010

SERFF Tracking Number: *MUTM-126767957* *State:* *Arkansas*
Filing Company: *United of Omaha Life Insurance Company* *State Tracking Number:* *46494*
Company Tracking Number: *NEIL SANDHOEFNER*
TOI: *MS09 Medicare Supplement - Other 2010* *Sub-TOI:* *MS09.000 Medicare Supplement Other 2010*
Product Name: *AR UMS Rate Adjustment Filing 10-2010-RP39.9.B-AR 10-10*
Project Name/Number: *AR UMS Rate Adjustment Filing 10-2010/RP39.9.B-AR 10-10*

Disposition

Disposition Date: 08/30/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MUTM-126767957</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46494</i>
<i>Company Tracking Number:</i>	<i>NEIL SANDHOEFNER</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>AR UMS Rate Adjustment Filing 10-2010-RP39.9.B-AR 10-10</i>		
<i>Project Name/Number:</i>	<i>AR UMS Rate Adjustment Filing 10-2010/RP39.9.B-AR 10-10</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Outline of Coverage Rate Pages	Approved	Yes
Form	Outline of Coverage Rate Pages	Approved	Yes

SERFF Tracking Number: MUTM-126767957 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46494

Company Tracking Number: NEIL SANDHOEFNER

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: AR UMS Rate Adjustment Filing 10-2010-RP39.9.B-AR 10-10

Project Name/Number: AR UMS Rate Adjustment Filing 10-2010/RP39.9.B-AR 10-10

Form Schedule

Lead Form Number: RP39.9.B-AR 10-10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 08/30/2010	RP39.9.B-AR 10-10	Outline of Coverage	Outline of Coverage Rate Pages	Initial			RP39.9.B-AR 10-10.pdf
Approved 08/30/2010	RP39.25.B-AR 10-10	Outline of Coverage	Outline of Coverage Rate Pages	Initial			RP39.25.B-AR 10-10.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY
ZIP CODES: 716-719, 723-729

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 97.50	Attained Age 65+	\$ 141.29	Attained Age 65+	\$ 120.10	Attained Age 65+	\$ 110.37	Attained Age 65+	\$ 105.27

NON-TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 292.49	Attained Age 65+	\$ 423.88	Attained Age 65+	\$ 360.30	Attained Age 65+	\$ 331.11	Attained Age 65+	\$ 315.80

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 584.99	Attained Age 65+	\$ 847.77	Attained Age 65+	\$ 720.61	Attained Age 65+	\$ 662.22	Attained Age 65+	\$ 631.59

NON-TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 1,169.97	Attained Age 65+	\$ 1,695.53	Attained Age 65+	\$ 1,441.21	Attained Age 65+	\$ 1,324.43	Attained Age 65+	\$ 1,263.18

UNITED OF OMAHA LIFE INSURANCE COMPANY
ZIP CODES: 716-719, 723-729

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 105.40	Attained Age 65+	\$ 152.75	Attained Age 65+	\$ 129.84	Attained Age 65+	\$ 119.32	Attained Age 65+	\$ 113.80

TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 316.21	Attained Age 65+	\$ 458.25	Attained Age 65+	\$ 389.52	Attained Age 65+	\$ 357.96	Attained Age 65+	\$ 341.40

TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 632.42	Attained Age 65+	\$ 916.50	Attained Age 65+	\$ 779.04	Attained Age 65+	\$ 715.91	Attained Age 65+	\$ 682.80

TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 1,264.83	Attained Age 65+	\$ 1,833.00	Attained Age 65+	\$ 1,558.07	Attained Age 65+	\$ 1,431.82	Attained Age 65+	\$ 1,365.60

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149-150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 102.25	Attained Age 65+	\$ 148.19	Attained Age 65+	\$ 125.96	Attained Age 65+	\$ 115.75	Attained Age 65+	\$ 110.40

NON-TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 306.76	Attained Age 65+	\$ 444.56	Attained Age 65+	\$ 377.88	Attained Age 65+	\$ 347.26	Attained Age 65+	\$ 331.20

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 613.52	Attained Age 65+	\$ 889.12	Attained Age 65+	\$ 755.76	Attained Age 65+	\$ 694.52	Attained Age 65+	\$ 662.40

NON-TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 1,227.04	Attained Age 65+	\$ 1,778.23	Attained Age 65+	\$ 1,511.51	Attained Age 65+	\$ 1,389.04	Attained Age 65+	\$ 1,324.79

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149-150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 110.54	Attained Age 65+	\$ 160.20	Attained Age 65+	\$ 136.17	Attained Age 65+	\$ 125.14	Attained Age 65+	\$ 119.35

TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 331.63	Attained Age 65+	\$ 480.60	Attained Age 65+	\$ 408.52	Attained Age 65+	\$ 375.42	Attained Age 65+	\$ 358.05

TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 663.27	Attained Age 65+	\$ 961.21	Attained Age 65+	\$ 817.04	Attained Age 65+	\$ 750.83	Attained Age 65+	\$ 716.11

TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 1,326.53	Attained Age 65+	\$ 1,922.41	Attained Age 65+	\$ 1,634.07	Attained Age 65+	\$ 1,501.66	Attained Age 65+	\$ 1,432.21

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198-199, 722

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 116.52	Attained Age 65+	\$ 168.86	Attained Age 65+	\$ 143.54	Attained Age 65+	\$ 131.91	Attained Age 65+	\$ 125.80

NON-TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 349.57	Attained Age 65+	\$ 506.59	Attained Age 65+	\$ 430.61	Attained Age 65+	\$ 395.72	Attained Age 65+	\$ 377.41

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 699.13	Attained Age 65+	\$ 1,013.18	Attained Age 65+	\$ 861.21	Attained Age 65+	\$ 791.43	Attained Age 65+	\$ 754.83

NON-TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 1,398.26	Attained Age 65+	\$ 2,026.35	Attained Age 65+	\$ 1,722.42	Attained Age 65+	\$ 1,582.86	Attained Age 65+	\$ 1,509.65

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198-199, 722

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 125.97	Attained Age 65+	\$ 182.55	Attained Age 65+	\$ 155.17	Attained Age 65+	\$ 142.60	Attained Age 65+	\$ 136.00

TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 377.91	Attained Age 65+	\$ 547.66	Attained Age 65+	\$ 465.52	Attained Age 65+	\$ 427.80	Attained Age 65+	\$ 408.01

TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 755.82	Attained Age 65+	\$ 1,095.33	Attained Age 65+	\$ 931.04	Attained Age 65+	\$ 855.60	Attained Age 65+	\$ 816.03

TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 1,511.63	Attained Age 65+	\$ 2,190.65	Attained Age 65+	\$ 1,862.08	Attained Age 65+	\$ 1,711.20	Attained Age 65+	\$ 1,632.05

UNITED OF OMAHA LIFE INSURANCE COMPANY
ZIP CODES: 716-719, 723-729

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 97.50	Attained Age 65+	\$ 141.29	Attained Age 65+	\$ 120.10	Attained Age 65+	\$ 110.37	Attained Age 65+	\$ 105.27

NON-TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 292.49	Attained Age 65+	\$ 423.88	Attained Age 65+	\$ 360.30	Attained Age 65+	\$ 331.11	Attained Age 65+	\$ 315.80

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 584.99	Attained Age 65+	\$ 847.77	Attained Age 65+	\$ 720.61	Attained Age 65+	\$ 662.22	Attained Age 65+	\$ 631.59

NON-TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 1,169.97	Attained Age 65+	\$ 1,695.53	Attained Age 65+	\$ 1,441.21	Attained Age 65+	\$ 1,324.43	Attained Age 65+	\$ 1,263.18

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

RP39.25.B-AR 10-10

When you select a Monthly Direct Premium Amount, a \$2.00 monthly service fee will be added.

UNITED OF OMAHA LIFE INSURANCE COMPANY
ZIP CODES: 716-719, 723-729

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 105.40	Attained Age 65+	\$ 152.75	Attained Age 65+	\$ 129.84	Attained Age 65+	\$ 119.32	Attained Age 65+	\$ 113.80

TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 316.21	Attained Age 65+	\$ 458.25	Attained Age 65+	\$ 389.52	Attained Age 65+	\$ 357.96	Attained Age 65+	\$ 341.40

TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 632.42	Attained Age 65+	\$ 916.50	Attained Age 65+	\$ 779.04	Attained Age 65+	\$ 715.91	Attained Age 65+	\$ 682.80

TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 1,264.83	Attained Age 65+	\$ 1,833.00	Attained Age 65+	\$ 1,558.07	Attained Age 65+	\$ 1,431.82	Attained Age 65+	\$ 1,365.60

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149-150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 102.25	Attained Age 65+	\$ 148.19	Attained Age 65+	\$ 125.96	Attained Age 65+	\$ 115.75	Attained Age 65+	\$ 110.40

NON-TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 306.76	Attained Age 65+	\$ 444.56	Attained Age 65+	\$ 377.88	Attained Age 65+	\$ 347.26	Attained Age 65+	\$ 331.20

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 613.52	Attained Age 65+	\$ 889.12	Attained Age 65+	\$ 755.76	Attained Age 65+	\$ 694.52	Attained Age 65+	\$ 662.40

NON-TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 1,227.04	Attained Age 65+	\$ 1,778.23	Attained Age 65+	\$ 1,511.51	Attained Age 65+	\$ 1,389.04	Attained Age 65+	\$ 1,324.79

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

RP39.25.B-AR 10-10

When you select a Monthly Direct Premium Amount, a \$2.00 monthly service fee will be added.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149-150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 110.54	Attained Age 65+	\$ 160.20	Attained Age 65+	\$ 136.17	Attained Age 65+	\$ 125.14	Attained Age 65+	\$ 119.35

TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 331.63	Attained Age 65+	\$ 480.60	Attained Age 65+	\$ 408.52	Attained Age 65+	\$ 375.42	Attained Age 65+	\$ 358.05

TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 663.27	Attained Age 65+	\$ 961.21	Attained Age 65+	\$ 817.04	Attained Age 65+	\$ 750.83	Attained Age 65+	\$ 716.11

TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 1,326.53	Attained Age 65+	\$ 1,922.41	Attained Age 65+	\$ 1,634.07	Attained Age 65+	\$ 1,501.66	Attained Age 65+	\$ 1,432.21

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

RP39.25.B-AR 10-10

When you select a Monthly Direct Premium Amount, a \$2.00 monthly service fee will be added.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198-199, 722

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 116.52	Attained Age 65+	\$ 168.86	Attained Age 65+	\$ 143.54	Attained Age 65+	\$ 131.91	Attained Age 65+	\$ 125.80

NON-TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 349.57	Attained Age 65+	\$ 506.59	Attained Age 65+	\$ 430.61	Attained Age 65+	\$ 395.72	Attained Age 65+	\$ 377.41

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 699.13	Attained Age 65+	\$ 1,013.18	Attained Age 65+	\$ 861.21	Attained Age 65+	\$ 791.43	Attained Age 65+	\$ 754.83

NON-TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 1,398.26	Attained Age 65+	\$ 2,026.35	Attained Age 65+	\$ 1,722.42	Attained Age 65+	\$ 1,582.86	Attained Age 65+	\$ 1,509.65

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

RP39.25.B-AR 10-10

When you select a Monthly Direct Premium Amount, a \$2.00 monthly service fee will be added.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198-199, 722

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 125.97	Attained Age 65+	\$ 182.55	Attained Age 65+	\$ 155.17	Attained Age 65+	\$ 142.60	Attained Age 65+	\$ 136.00

TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 377.91	Attained Age 65+	\$ 547.66	Attained Age 65+	\$ 465.52	Attained Age 65+	\$ 427.80	Attained Age 65+	\$ 408.01

TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 755.82	Attained Age 65+	\$ 1,095.33	Attained Age 65+	\$ 931.04	Attained Age 65+	\$ 855.60	Attained Age 65+	\$ 816.03

TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$ 1,511.63	Attained Age 65+	\$ 2,190.65	Attained Age 65+	\$ 1,862.08	Attained Age 65+	\$ 1,711.20	Attained Age 65+	\$ 1,632.05

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

RP39.25.B-AR 10-10

When you select a Monthly Direct Premium Amount, a \$2.00 monthly service fee will be added.

SERFF Tracking Number: MUTM-126767957 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46494
 Company Tracking Number: NEIL SANDHOEFNER
 TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
 Product Name: AR UMS Rate Adjustment Filing 10-2010-RP39.9.B-AR 10-10
 Project Name/Number: AR UMS Rate Adjustment Filing 10-2010/RP39.9.B-AR 10-10

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Accepted for Informational Purposes	08/30/2010
Comments:		
Attachment:		
AR Read Cert.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage		
Comments:		
See Form Schedule tab for this Outline of Coverage.		

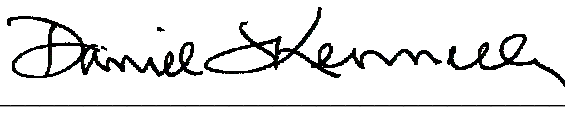
CERTIFICATION

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
RP39.9.B-AR 10-10	Outline of Coverage Rate Page (Agency)	N/A
RP39.25.B-AR 10-10	Outline of Coverage Rate Page (DTC)	N/A

United of Omaha Life Insurance Company

Date: 8-13-2010



Daniel J. Kennelly
Vice President & Chief Compliance Officer